

BEST AVAILABLE COPY

CLAIMS ONLY						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
101							51	1		
102	1						52			
103							53			
104		1					54			
105	1						55	1		
106		1					56			
107		1					57			
108							58			
109		1					59			
110		1					60			
111	1	1					61			
112	1	1					62			
113		1					63			
114		1					64	1		
115							65	1		
116							66			
117							67			
118		1					68			
119							69			
120							70			
121							71	1		
122							72			
123							73			
124							74			
125							75			
126							76			
127							77			
128	1						78			
129		1					79			
130		1					80	1		
131							81			
132							82			
133							83			
134							84			
135							85			
136							86			
137							87			
138	1						88			
139		1					89			
140		1					90			
141							91			
142							92			
143							93			
144	1						94			
145							95			
146							96			
147							97			
148							98			
149							99			
150							100			
TOTAL IND.							TOTAL IND.	24		
TOTAL DEP.							TOTAL DEP.	156		
TOTAL CLAIMS							TOTAL CLAIMS	180		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						1			
2										
3										
4										
5										
6										
7										
8										
9										
10										
11	1						1			
12										
13										
14										
15										
16										
17	1						1			
18										
19										
20										
21										
22										
23	1						1			
24	1						1			
25										
26										
27										
28										
29										
30										
31										
32										
33										
34	-									
35										
36										
37										
38	1						1			
39		1								
40		1								
41										
42										
43										
44										
45										
46										
47		1								
48	1						1			
49		1								
50										
TOTAL IND.										
TOTAL DEP.										
TOTAL CLAIMS										

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